

<b>Case Number:</b>	CM15-0087271		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/24/1998
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 58-year-old male who sustained an industrial injury to his neck and knees on 07/24/1998 due to a forklift collision. Diagnoses include end-stage left knee valgus osteoarthropathy. Treatments to date include pain medications, bilateral knee arthroscopies and bracing. According to the progress notes dated 1/21/15, the IW reported stiffness, inability to bear weight and deformity of the left knee. Objective findings included 2 to 3+ effusion of the left knee with marked valgus deformity, decreased range of motion (ROM) and significant crepitance throughout ROM. Left total knee replacement was anticipated. A request was made for Norco 10/325mg, #60, Tramadol 50mg, #60, Prilosec 20mg, #80 and Keflex 500mg, #60 as outpatient post-operative medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient presents with left knee pain. The current request is for Norco 10/325mg #60. The report with this request was not submitted for review. The treating physician states in the report dated 1/21/15, He has been undergoing medication management by [REDACTED] consisting of Norco, gabapentin, Lexapro, prednisone, Xanax, and metformin. (51B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented that the patient has decreased pain, if the patient is able to perform ADLs, has not had any side effects to the medication, or if the patient has not demonstrated any aberrant behaviors. The current request is not medically necessary and the recommendation is for denial.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient presents with left knee pain. The current request is for Tramadol 50mg #60. The report with this request was not submitted for review. The treating physician states in the report dated 1/21/15, He has been undergoing medication management by [REDACTED] consisting of Norco, gabapentin, Lexapro, prednisone, Xanax, and metformin. (51B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented that the patient has decreased pain, if the patient is able to perform ADLs, has not had any side effects to the medication, or if the patient has not demonstrated any aberrant behaviors. The current request is not medically necessary and the recommendation is for denial.

**Prilosec 20mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-69.

**Decision rationale:** The patient presents with left knee pain. The current request is for Prilosec 20mg #80. The report with this request was not submitted for review. The treating physician has not documented that the patient is taking any NSAIDs. The MTUS guidelines supports the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treating physician has not documented that the patient has any G/I symptoms that require an H2 receptor antagonist or a PPI. The current request is not medically necessary and the recommendation is for denial.

**Keflex 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

**Decision rationale:** The patient presents with left knee pain. The current request is for Keflex 500mg #60. The report with this request was not submitted for review. The treating physician states in the report dated 1/21/15 (50B), Options are to live with this versus proceeding with a left total knee replacement. The MTUS, ACOEM, and ODG Guidelines are silent on the prophylactic use of antibiotics. However, the National Guideline Clearinghouse does not recommend its use for clean, orthopedic procedures without instrumentation or implantation of foreign materials. There is nothing in the records provided to indicate that a surgery has been requested or authorized and there is no diagnosis of any infection. Therefore, the current request is not medically necessary and recommendation is for denial.